

ADVISORY BOARD ON HANDICAPPED, GIFTED AND EXCEPTIONAL CHILDREN

Minutes of Meeting of May 14, 1965

Room B, Veteran's Service Building, St. Paul, Minnesota

CC: to Mel
RAY
Tom Swi
CIR - OR
AJ
MA
JY

Board members present:

Judge Philip Anderson
Dr. Harriet E. Blodgett
Dr. James Delano
Dr. Evelyn Deno
Mrs. Frances Egloff

Dr. John Haavik
Mr. I. V. Johnson
Dr. Hyman Lippman
Dr. Maynard Reynolds
Mr. Gerald Walsh

Board member absent: Dr. Victor Lohmann

Resource people present:

Tom Irvin	State Department of Special Education
Tom Mangan	" " " "
Lloyd Ditlevson	State Department of Welfare
Dr. Richard Bartman	" " " "
Mrs. Frances Ames	" " " "
Mrs. Joseph Nathanson	Minnesota Council for the Gifted
Gertrude Coade	" " " "

Meeting convened at 9:30 A.M. Minutes of previous meeting approved as distributed.

I. E.P.D.C. Project for Less Able Retarded: Dr. Cyril Mill, Chairman of Advisory Committee to the Project, reporting.

Dr. Mill reported that they are seeking another designation for the project because of the connotations the name "Glen Lake" has in the public mind. This idea received general endorsement.

Action has been taken to clarify the responsibilities of the Advisory Committee to the project. Applicants for the position of program director have been interviewed and first and second choices selected. Closure on selection of a program director has not yet been achieved. Dr. Blodgett inquired as to the qualities being looked for in candidates. It was reported that talent in public relations, special education experience and rehabilitation experience were being sought. It was recognized that no one person was likely to have all of these qualities to the degree desired.

The procedure for intake of subjects has not yet been established. The granting agency, the Vocational Rehabilitation Administration, has requested greater specification and delineation of purposes because of the indefiniteness of the application. Present specification is only that a service should be developed to meet educational needs of adolescent age "less able" retarded and that the effort be vocationally oriented. "New ideas" are to be tried.

Dr. Lippman asked what was meant by "less able." Dr. Mill indicated that the term had not yet been operationally defined but that in his own mind he saw the population as confined primarily to the trainable level and that it would reach into the educable level only among a minority rendered "less able" in their achievement because of personal-social adjustment and other complicating factors.

Dr. Lippman asked what some of the "new ideas" to be incorporated which Dr. Mill had mentioned might be. Dr. Mill indicated that this had not yet been elucidated. Dr. Blodgett reported the impressions of the Sheltering Arms staff concerning the further needs of pupils closed out at that facility at age fourteen.

Dr. Blodgett inquired about the size and membership of the Advisory Committee. Dr. Mill reacted that the Committee was probably not large enough.

Dr. Reynolds asked how responsibilities were invested, specifically whether there should not be an Executive Committee rather than an Advisory Committee having on it people who were trained in the area of mental retardation. Since the Executive Board of the E.R.D.C. is composed of school superintendents having little or no background in the disability area involved there seems to be no knowledgeable administrative authority monitoring the work of the program director. He asked whether the project seemed to have been a grass-roots outgrowth of acceptance of responsibility on the part of school superintendents for this group of retarded or whether it seemed to be an extension of a University interest. Dr. Mill indicated that, in his opinion, it was grass-roots expression of a feeling of need to do something for this group when they had gotten beyond elementary age.

Dr. Lippman asked whether there might be retarded of this age in institutions who might be candidates for this group. Dr. Mill indicated this might be possible though facts were not known. He was asked what agencies might make referrals to the project. He replied that referrals might come from any source.

Dr. Reynolds brought up the question of whether the project could legally restrict service to districts which are members of E.R.D.C., as has been indicated in a public statement, since public education funds are involved. It was questioned whether the E.R.D.C. charter made it, in fact, a quasi-private corporation which could operate more restrictively and selectively than the public schools relation and partial fund sources might suggest.

II. Owatonna School: Dr. Richard Bartman reporting.

The present directions of function at Owatonna has not been a planned change. The growth of programs at community levels has changed the need. Referrals are now more frequently those retarded who can't get along in the community for behavioral reasons. This requires a different kind of staffing. The facility is tragically short on night-care staff.

The program is being refined and organized to accommodate to the current intake. The administration is concerned about the inundation of referrals from the courts. They feel they can't cope with all of these behavior-problem children. Dr. Blodgett noted that if so many referrals of this kind were coming in, this would seem to indicate a critical program need. There must be a service to take the place of the closed annex for defective-delinquents at St. Cloud.

Dr. Reynolds inquired about the system of intake, asking whether there should be procedures set up so referrals could come from the schools (similar to intake procedures for the schools for deaf and blind). Frances Egloff noted that the deaf and blind are more manageable and accepted in the community than this behavior problem retarded group unless the physically handicapped have other concomitant problems. The change in referred types due to growth of community services is parallel in the three schools (Schools for deaf, blind, and Owatonna).

Advisory Board members expressed extreme concern about the lack of night-time supervision with a group such as this whose central disability is inability to conduct themselves and their affairs with prudence. Fear of accidents was expressed. Mr. Walsh asked whether staff time could not be redistributed over the 24-hour period.

Mrs. Egloff indicated that there were problems in returning the clients to the community. In most cases, nothing has transpired to change the parents and/or community forces while the client was in Quatonna.

Gerald Walsh asked about the relation between the Quatonna program and the Cambridge program for treatment of educable disturbed children. Dr. Bartman indicated that the Cambridge program was taxed to the limit in trying to care for Cambridge patients and could not extend itself much to other institutions beyond consultation and exchange of ideas and experiences.

Dr. Lippman asked whether referral back to the community would be directed through mental health centers. It was reported that referral back was usually effected through the Welfare Department.

Dr. Bartman reported that priority item of \$4000 for security remodeling has not been honored by the legislature to date. It is difficult to understand why this need should not be met. It is impossible to maintain behavior problem types at the facility without some security resources available for use as needed.

III. Status of deliberations of the Governor's Committee on the Hearing Impaired: Tom Mangan reporting.

It was reported that regular meetings were being held, that sub-committees had been appointed and were studying the issues. These committees would be preparing reports on:

- Vocational education
- Academic secondary programming
- Services to preschool children
- Problems of the School for the Deaf
(Administrative placement within state department, etc.)

IV. Progress in state legislation: Tom Irvin and Gerald Walsh reporting.

Tom Irvin reported that the Residency bill has been passed. The only change was insertion of words "court order" in sub. 8, section 3. This phrase was in an earlier version but was dropped for reasons unknown - possibly inadvertently.

Both of the remedial reading bills have been referred to the Interim Educational Research Committee with a charge to submit a report by 1967.

The Rudstrom bill which would make it mandatory for school districts to provide occupational and physiotherapy in school districts where formal programs for crippled children are not provided seems to be "dead."

The bill to increase the ceiling on special education aids passed the House at \$4800 but is coming out of the Senate at only a \$4000 ceiling. Since House and Senate Education bills differ in a number of respects, a conference committee will, undoubtedly, have to make a final determination.

The Braille School bill has been heard by Civil Administration Committees of both Houses. Passage of this most unlikely bill seems possible at this point. There are significant questions concerning the bill:

1. Its intent is unclear. What is the purpose?
2. Does it imply absolute parent choice?

Check shows the 1953 law did give this latitude.

The Senate version says nothing shall prevent the parent of a handicapped educable child (no limitation to vision):

"Section 1. Minnesota Statutes 1961, Sec. 120.17, Subd. 5 is amended to read:

Nothing in this chapter shall be construed as preventing parents of a handicapped educable child from sending such child to a school of their choice THAT SATISFIES THE COMPULSORY ATTENDANCE REQUIREMENT OF THIS CHAPTER, if they so elect, ... APPLICATIONS FOR ADMISSION TO THE MINNESOTA BRAILLE AND SIGHT SAVING SCHOOL MAY BE MADE BY PARENTS, GUARDIANS OR ANY OTHER INTERESTED PERSONS TO THE ADMINISTRATION OF THE SCHOOL AT FARIBAULT, MINNESOTA."

This violates the special education law principle of local school district responsibility and could make impossible orderly intake and discharge procedures. It could put planning of the child's education completely in the hands of "lay" people.

Dr. Reynolds moved, Mr. Johnson seconded and the group approved that the Advisory Board write a letter to the Governor giving him the background on this bill and recommending that he not sign it if it should get as far as his desk. Dr. Reynolds moved that letter be sent all legislators telling them that the Advisory Board has recommended to the Commissioners of Welfare and Education that his legislation be strenuously opposed because it represents bad practice from the standpoint of the children's right to professional service and because it violates a basic principle of the special education law. Judge Anderson seconded the motion and the group approved it.

Gerald Walsh reported that the one-year probation for teachers under Civil Service had passed.

The Day Activity Center bill seems to be moving along reasonably well but the Sheltered Workshop bill is not receiving the support needed.

It was reported that the House bill includes five additional employees for Owatonna and the Senate none. A bill to add "rehabilitation and diagnosis" to the purposes of the Owatonna facility was discussed.

The bill to require P.K.U. testing has passed.

V. Gifted: Mrs. Nathanson and Mrs. Coade reporting interim activities of the Minnesota Council for the Gifted.

Dr. Blodgett read a letter from Lucas Van Hilst reporting that representatives of Minnesota Council for the Gifted had discussed with a representative of the Governor's office the possibility of promoting an Interim Commission to study status and needs in educational services for the gifted.

Dr. Lippman asked whether the Advisory Board might receive copies of the "Resource Manual" which had been included with Mr. Van Hilst's letter. Mrs. Coade reported that they could make copies available to Advisory Board members but that the document was not intended for general public distribution.

After considerable discussion of the pros and cons of an Interim Commission versus an Advisory Committee appointed by the Governor (a la the one on Services for the Deaf), Dr. Reynolds suggested that a committee be set up to delineate what charge might be given to a committee if one were to be appointed by the Governor. A number of Advisory Board members expressed the desire to consider the matter in greater depth before recommending a specific course of action. It was asked whether the Board might have another meeting yet this year with Mrs. Pilch present to review the situation in the state and consider what course of action might be in order.

The possibility of a meeting on June 25th was considered. The time was tentatively set at 1:30 P.M. with services for the gifted to be a major agenda item.

VI. Intermediate districts: Dr. Reynolds reporting.

Dr. Reynolds noted that the need for an intermediate service unit was one of the first topics brought up for discussion when the Board was instituted. From the outset, the Board saw that one of the primary problems in development of quality special education service for low incidence problems was how to get a more adequate administrative structure to facilitate special education programs. He reported that a bill has been introduced to establish a legislative interim commission to study this question. Martle (House Education Committee chairman) and Dunlap (Senate Education Committee chairman) are authors of the bill. It was reported that the Department of Education and some Board of Education members feel reluctance about establishment of intermediate district units because it was felt this might slow consolidation. Some Board members reflected that there was a limit to how long the urgent need for facilitation of interdistrict cooperation in provision of badly needed special education services could justifiably be held in abeyance in deference to the consolidation need. Since the consolidation issue is of many years standing and still unresolved, the possibilities of early realization of that objective in full seem dim.

Dr. Delano moved, Dr. Haavik seconded, members approved, that the chairman write a letter to the legislators on behalf of the Advisory Board recommending passage of the bill to establish an Interim Commission to study the intermediate district question.

VII. Federal legislation P.L. 89-10: Reynolds and Deno reporting.

See attached excerpt. It was recommended that copies of this report be distributed to delegates to the Region VI (Kansas City) Health, Education and Welfare Conference to be held on May 21 to disseminate information on implementation of the bill. E. Deno agreed to write up the report, the chairman (Blodgett) to distribute it.

VIII. Rules and regulations on programs for children with special learning disabilities (S.L.D.): Dr. Deno, chairman, reporting.

E. Deno reported that members of the sub-committee charged to study this question were administrators of regular and special education programs at local school levels plus representatives from the State Department of Special Education. Members included:

Phyllis Amacher, Coordinator of Special Education, Robbinsdale
 Richard Kauffman, Director of Special Services, Richfield
 Richard Fischer, Director of Special Education, Duluth
 (not able to attend)
 Lyle Melbye, Superintendent of Schools, Willmar
 Walter Richardson, Superintendent, North St. Paul Schools
 Kermit Eastman, Superintendent of Elementary Education, St. Cloud
 (did not attend but reviewed and reacted to minutes)
 Tom Irvin, State Department of Special Education
 John Groos, " " " " "
 Evelyn Deno, Consultant in Special Education and Rehabilitation,
 Minneapolis Schools, Chairman

Dr. Frank Wilderson met with the Committee as a resource person. Dr. Deno indicated that Committee members assumed that their opinions based on their experiences in conduct of S.L.D. programs and projects at local school levels and the results of projects in other parts of the country would be subjected to evaluation by the Advisory Board whose membership represents most of the professional disciplines involved in services to children with special learning or mental health problems, hence the limitation of range in the kind of professional representation on the working committee. It was indicated that the Committee report was being presented to the Advisory Board with the understanding that witnesses would be provided at a future meeting to testify on any points which might be questioned, if the Advisory Board did not see fit to concur in the substance of the Committee's report and recommendations.

The chairman reported that Committee members had discussed many issues. There was a surprising degree of consensus on what the main issues were and considerable accord on what basic principles ought to be applied in problem solution. Problems and issues acknowledged included such items as the following:

1. From the standpoint of signalling what habilitative service ought to be rendered to the children classified into a category, the taxonomic systems conventionally employed in special education can easily trip us into ridiculous controversies and inappropriate behaviors in working out systems for serving children with S.L.D. problems. In practice, particularly in the educational setting where the clientele is broad range in characteristics and non-selective in intake, disability categories prove to be arbitrary, overlapping and only minimally useful in determining what programs of remediation should be instituted.

When teacher certifications and pupil eligibility for service are rigidly fitted into this inadequate taxonomic structure, practitioners are either forced into behaviors which are not most helpful to children, forced into small deceptions to make service appear to fit the rules, or, if they can afford it, the schools abandon trying to fit into these unyielding service structures and provide the service under auspices which do not demand such rigid observance to meaningless stereotypes. It was noted that

we are in an interesting era in this regard as programs under non-educational control are moving in to try to give the disadvantaged access to the mainstream.

- Volunteers with no training in the teaching of reading are doing remedial reading work (effectively!).
 - College student volunteers are carrying on group activities with delinquent, disturbed, and socially disadvantaged children.
 - Welfare departments are setting up programs of rehabilitation which allow them to do everything that the rehabilitation agency formerly did plus intensive family work of a welfare type and without the client selectivity demanded under Division of Vocational Rehabilitation "feasibility" criteria.
2. This problem of the unsuitability of the taxonomy for prediction of service need is particularly acute in the case of S.L.D. problems considered by this committee.
- Teachers trained in a categorical specialty are geared to regarding the more extreme type as typical of the category represented. Teaching methods and attitudes are geared to the "typical" conception. Children or situations which do not meet the teacher's expectancies are defined by him or her as "not the kind of child I'm trained to work with" or the real-life situation does not meet the teacher's conception of "the way things ought to be."
 - Since most of the children in any category don't meet the stereotype of the category, it is easy to get to the point where most of the children are regarded as not fitting the program. Now that we proceed on the premise that only the most extreme cases should be segregated or placed in special classes, the S.L.D. band is becoming one of the largest and most heterogeneous groups in special education because it is composed essentially of all children who don't fit either the highly specialized programs or the regular programs of education. Apparently the "specialists" and the "generalists" draw their lines quite a distance apart because there are many children who fall between these limits.

Committee members were in unanimous agreement that custom tailoring of service should be the basic principle of S.L.D. service planning and quality control. The Committee felt that over-generalizing, over-systematizing and over-classifying would be a particular disservice to these children because:

- Physicians often do not agree among themselves on diagnosis of neurological impairment versus emotional disturbance, etc.
- Handicapped children of all types and children in regular classes exhibit more or less disturbance in emotional life at different points in time. The crucial issue is: At what point should the requirement be invoked that the teacher must have a specialist certificate in education of the emotionally disturbed?
- Certain kinds of damage to the central nervous system tend not to make themselves conspicuous until the child is faced with learning

situations that call upon previously underdeveloped areas of the brain (e.g. reading problem cases at eight years may be manifesting for the first time limitations which had origin and existed many years before).

- Many children thought to be emotionally disturbed only by reason of unfavorable environment in which they were reared, have made progress and substantial recovery in a therapeutic educational setting that stressed academic progress and structured programming.
- Many children with disordered emotional manifestations have been found to profit apparently little from extended individual psychotherapy. (This has been true in some cases even when the parents have also been involved in therapy.)
- Most mental health problems of the lower economic classes are becoming the responsibility of non-psychiatric agencies. The role of the highly trained specialist is, of necessity, becoming more and more that of providing consultation, in-service training, supervision and other kinds of direct and indirect support to the people who will have to be trying to cope with the tasks which the specialists are not able to do, or sometimes not willing to do for fear of loss of approval of professional peers.

Committee members volunteered to provide documentation from the literature, from research people in the community, and from their own experience to justify these assertions.

3. Experience indicates that therapeutic management is often more than 75% strategy in manipulation of environmental forces (including the organization, curriculum, methods, and attitudes of the school programs of both regular and special education, parent education, etc.) and less than 25% specialized techniques applied by a special teacher in a special class setting. Desirably, all teachers would be well-trained in understanding and application of mental health principles.

Minutes of the sub-committee's meeting were distributed to Advisory Board members. The culminating recommendation included was proposed for submission to the Department of Special Education with recommendation that it be implemented:

"It is recommended that the State Department of Special Education develop a guide to conduct of services for children with special learning problems rather than attempt to write specific rules concerning teacher qualifications, pupil eligibility, class size, and so forth. The nature of the problem of service to children with special learning difficulties is such that flexible adaptation to the circumstances represented in different situations is a central and essential component in valid program conduct. Service ought to be custom tailored to the rehabilitative needs of each case to take full advantage of the potentialities of such children for recovery to more normal functioning.

"It is suggested that this guide emphasize the need for a suitable mechanism for diagnosis of service needs, for planning of individual programs and continuous evaluation of status rather than criteria of eligibility, fixed certification standards, etc. In lieu of a rigidly prescribed set of standards which a school district would need to meet to qualify for reimburse-

ment, it is suggested that school districts submit to the State Department of Special Education their plan for program operation, this plan to include such basic essentials as procedures for identification and placement of pupils in programs, pupil progress evaluation procedures and the qualifications of teachers to be employed in the particular instance. The state department would then evaluate and approve the program or make recommendations which, when met, would result in approval of the program for reimbursement.

"It is recommended that the University continue to work toward the possibility of a training sequence which would allow for pursuit of more service-oriented goals in qualifying for master's degree level certification for teachers of children with special learning problems. It is also recommended that a course work sequence be developed which would be roughly comparable in credit requirements to other special education teaching certifications to be used in certain situations which would need to be defined."

I.V. Johnson moved, Dr. Delano seconded and Board members approved adoption of the sub-committee's recommendation on quality control of S.L.D. program area, and authorized its submission to the State Department of Special Education with recommendation that it be implemented.

Meeting adjourned at 1:15 P.M. (Central Standard Time).

Respectfully submitted,


 Evelyn Deno, Secretary